

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 138
Registered No. 214

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____

2. Full name of child Ford Dodd (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth Aug. 5, 1921 Month _____ Day _____ Year _____

8. FATHER Full name Klondike J. Dodd

9. Residence (Usual place of abode) Miami, Arizona

10. Color or race White 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Oklahoma (State or country)

13. Occupation Rate Clerk Nature of industry R. Road

14. MOTHER Full maiden name Lucretia Ford

15. Residence (Usual place of abode) Miami, Arizona

16. Color or race White 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Brook Park, Del. (State or country)

19. Occupation Housewife Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Davis M.D. Address Miami, Arizona (Physician or midwife).

Given name added from a supplemental report _____ Month, day, year _____ Address _____

Registrar

Filed Aug 12, 21

Registrar

644-805-364